

MARGIN RESERVED FOR ...

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Mesa

County Pima

No. _____

St. _____

(Registration District)

SEX OF CHILD* Male Twin Triplet or other? { and } Number* in order of birth

DATE OF BIRTH* Mar. 27, 1929
(Month) (Day) (Year)

FATHER
FULL* NAME Antonio Macias

MOTHER
FULL* MAIDEN NAME Josephine Runey

I HEREBY CERTIFY that the child described herein has
been named

Alegandro Manuel Macias
(Give name in full) (Surname)

Antonio Macias
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.

142-327-159